

# Cemetery Service Request Form

Privacy Notice: Council deals with personal information in accordance with law, including the *Information Privacy Act 2009*.

This form is to be completed when a Qualified Undertaker wishes to arrange a burial service, or when an individual wishes to organise ashes, chapel or garden services at one of Rockhampton's cemetery locations. Applications must be submitted no less than two business days prior to the required date and time of the service.



All applications submitted by a Qualified Undertaker will be invoiced directly to the Qualified Undertaker. The Qualified Undertaker or an employee of the Qualified Undertaker is not permitted to be a Holder of Burial Right without Council's written approval.

P: 07 4936 8374 | E: [MemorialGardens@rrc.qld.gov.au](mailto:MemorialGardens@rrc.qld.gov.au) | W: [www.rrc.qld.gov.au](http://www.rrc.qld.gov.au) | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Deceased Person Details	
Full name:	
First	Middle Last
Date of death:	Age:
Gender:	Religion:
Service Details	
Type of service: <input type="checkbox"/> Ashes <input type="checkbox"/> Burial <input type="checkbox"/> Chapel/garden service	
If ashes: <input type="checkbox"/> Interment <input type="checkbox"/> Scattering of ashes	
Site type: <input type="checkbox"/> New site <input type="checkbox"/> Reserve site <input type="checkbox"/> Re-open of site <i>(please complete details below)</i>	
If re-opening a site, name of last interment:	Date:
Cemetery: <input type="checkbox"/> Memorial Gardens <input type="checkbox"/> North Rockhampton <input type="checkbox"/> Mount Morgan <input type="checkbox"/> Gracemere <input type="checkbox"/> Bajool <input type="checkbox"/> Other <i>(please specify)</i> :	
Section:	Row: Grave/site number:
<i>Please leave these fields blank if you are unsure of the details.</i>	
Date of service:	Approximate duration of service:
Time of arrival: <input type="checkbox"/> am / <input type="checkbox"/> pm	Time of service: <input type="checkbox"/> am / <input type="checkbox"/> pm
Is this a state funded funeral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Setup Details <i>(applicable to all services – contact Cemeteries Administration Office for assistance if required)</i>	
Is a standard set up required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please provide details of the preferred setup:	
Interment Details	
Is a graveside service required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Assistance Details	
Is assistance required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details of the assistance required: <i>(for example: carry on, placement of ashes)</i>	

OFFICE USE ONLY

Register number:

A/C reference:

<b>Coffin Details</b>		
Coffin size: <input type="checkbox"/> Standard <input type="checkbox"/> Non-standard <i>(please provide dimensions below)</i>		
If non-standard coffin – Length:	Width:	Height:
<b>Refreshments</b> <i>(only applicable to chapel services)</i>		
Are refreshments required at the service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Special Requests</b>		
Please outline any special requests for the service:		
<b>Applicant Details</b>		
Are you the holder of burial rights? <input type="checkbox"/> Yes <i>(please skip to the Holder of Burial Rights Details section below)</i> <input type="checkbox"/> No <i>(please complete this Applicant Details section and the Holder of Burial Rights Details section below)</i>		
Full name:		
First	Middle	Last
Postal address:		
Preferred contact number:	Email:	
Relationship to deceased person:		
<b>Holder of Burial Rights Details</b> <i>(original holder of burial rights, if known)</i>		
Is the holder of burial rights deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when and where was the holder of burial rights interred?		
Full name:		
First	Middle	Last
Relationship to deceased person:		
<i>Please leave the 'Postal address', 'Preferred contact number' and 'Email' fields below blank if the holder of Burial Rights is deceased.</i>		
Postal address:		
Preferred contact number:	Email:	
<b>Proof of ID</b> <i>(Proof of ID must be sighted by the Qualified Undertaker as part of the request. If holder of burial right is deceased, proof of ID of the applicant must be sighted.)</i>		
ID type:	ID number:	Expiry date:
<b>Signed by Qualified Undertaker</b>		
Name:	Signature:	Date:

**Declaration** (To be completed by the holder of burial rights or the applicant if permission from the holder of burial rights or next of kin has been received. For existing or reserved sites only.)

- I agree to the requirements stipulated in the [Cemetery Memorial Guide Fact Sheet](#).
- I declare that I am the holder of burial rights for the site recorded on this form; or
- I declare that I have obtained and provided permission from the holder of burial rights to organise this service; or
- I declare that I am the next of kin of the holder of burial rights and have obtained permission from all other living relatives of the holder of burial rights to organise this service.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Qualified Undertaker Details *(please leave this section blank if not applicable)*

Organisation name:

Contact name:

Postal address:

Preferred contact number:

Email:

### Qualified Undertaker Declaration

As qualified undertaker, I have fulfilled all statutory requirements to allow burial of the deceased.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Supporting Documentation

Please remember to provide the following supporting documentation when submitting this form:

- Proof of ID of the holder of burial rights/person acting on behalf of the holder of burial rights, or proof of ID of the applicant or next of kin of the holder of burial rights.
- Evidence of permission received from the holder of burial rights to use the site in question, or evidence of permission received from all living relatives of the holder of burial rights to use the site in question.
- Written approval from Commonwealth War Graves Commission *(if recognised war grave)*.
- Written approval from State Department for additional interment *(if state-funded site)*.

### Fees and Charges *(Please note: All applications submitted by a Qualified Undertaker will be invoiced directly to the Qualified Undertaker)*

Issue the invoice to:  Applicant  Holder of burial rights  Qualified Undertaker  Other *(please complete details below)*

Name:

Address:

Email:

For a full list of fees and charges please refer to Council's [Fees and Charges Schedule](#).

### Payment Information

**In person** | You can pay at Council's Customer Service Centres: 232 Bolsover Street, Rockhampton; 32 Hall Street, Mount Morgan; 1 Ranger Street, Gracemere or at the Memorial Gardens, 21 Hartington Street, North Rockhampton.

**By phone** | Contact Customer Service on 4932 9000 to make payment via credit card or debit.

**By post** | Make your cheques/money order payable to 'Rockhampton Regional Council' and send to Rockhampton Memorial Gardens, PO Box 1860, Rockhampton, Queensland, 4700.